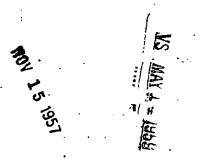
THE DIVISION OF HEALTH OF MISSOURI 36550 FILED NOV 121957 STANDARD CERTIFICATE OF DEATH State File No .... REG. DIST. NO. 179 PRIMARY REG. DIST. NO. BIRTH NO. 2. USUAL RESIDENCE (Where decessed lived. If institution: residence before 1 PLACE OF DEATH \_a.STATE Missouri b. COUNTY a. COUNTY Lincoln 7 Lincoln LENGTH OF c. CITY d. Is Residence within limits of a city or incorporated town?
Yes No b. CITY (If outside corporate limits, write RURAL and give OR TOWN township) (in this place) TOWN Rural Redford RECORD .. STREET d. FULL NAME OF (If not in hospital or institution, give street address or location) (If rural, give location) HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp ADDRESS Mi.\_ of Trov MO c. (Last) 3. NAME OF DECEASED a. (First) b. (Middle) 4. DATE (Month) (Year) OF DEATH JAMES FREDERICK DEGENHARDT November 6 PERMANENT (Type or Print) 8. DATE OF BIRTH 9. AGE (In years) IF UNDER I YEAR OF UNDER M HRS. 7. MARRIED, NEVER MARRIED, 5 SEX 6. COLOR OR RACE last birthday) Months | Days WIDOWED, DIVORCED (Specify) January 9 62 Male White Married 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR IN-11. BIRTHPLACE 10a. USUAL OCCUPATION (Give kind of work (City and State or Foreign Country) DUSTRY done during most of working life, even if retired) U.S.A. Hollidayburg Penn. Dental Repair Man Government Employe 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME Nowa Dagenhardt Pies Dagenhardt Unknown INK-MAKE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 16. SOCIAL SECURITY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Nora Dagenhardt Trov MO. Unknown No INTERVAL BETWEEN MEDICAL CERTIFICATION 18. CAUSE OF DEATH ONSET AND DEATH 1. DISEASE OR CONDITION Enter only one cause per 6 mos DIRECTLY LEADING TO DEATH (a) CARCINIMA line for (a), (b), and (c) ANTECEDENT CAUSES BLACK \*This does not mean Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the mode of dying, such as heart fallure, asthenia, the underlying cause last. . etc. It means the dis-DUE TO (c) case, injury, or complica-UNFADING II. OTHER SIGNIFICANT CONDITIONS tion which caused death. Conditions contributing to the death but not related to the disease or condition causing death. 20, AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERA-157X (COUNTY) (STATE) 21c. (CITY, TOWN, OR TOWNSHIP) 21a. ACCIDENT SUICIDE HOMICIDE 21b, PLACE OF INJURY (e.g., in or about (Specify) PLAINLY—USING home, farm, factory, street, office bldg., etc.) 21f. HOW DID INJURY OCCUR? 21e. INJURY OCCURRED 21d. TIME (Year) (Hour) (Month) (Day) OF INJURY WHILE AT NOT WHILE AT WORK WORK Nov.6 1957, that I last saw the deceased 22. I hereby certify that I attended the deceased from  $\frac{S-1}{S}$ 1956. lo A m., from the causes and on the date stated above. and that death occurred at . alive on 11/6 (Degree or title) 2 23b. ADDRESS 23c. DATE SIGNED 23a. SIGNATURE WRITE 24d. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24a. BURIAL, CREMA-24b. DATE TION, REMOVAL (Specify) St Louis County Burial Park Sunset Burial Nov.8.1957 ADDRESS PEC'D BY LOCAL 9 - 195 PG. REGISTRAR'S SIGNATURE Wayne McCoy 711a (Licensed Embaimer's Statement on Reverse Side)



## STATEMENT BY LICENSED EMBALMER

Bzer 8 MAL

I hereby certify that the body whos	e name is recorded	d on the reverse side of this certificate was em	bal
by me, or by	**************************************	, Student Embalmer No	• • • •

working under my personal supervision..

 ) You Me Come

Licensed Embalmer No. 3.5.7.

P. O. Address Jary M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.